



FEB 04 2002

TECH CENTER 1600/2900

Patent
254/302

163

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

[illegible]

Group Art Unit: 1631

Examiner: Ardin Marschel

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For: ADVANCED ACTIVE ELECTRONIC DEVICES FOR MOLECULAR BIOLOGICAL ANALYSIS AND DIAGNOSTICS AND METHODS FOR MANUFACTURE OF SAME

)

Sir:

Transmitted herewith is an Amendment and Response for the above-identified application.

OC-100084.1

CERTIFICATE OF MAILING
(37 C.F.R. §1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

December 27, 2001
Date of Deposit

Adriana Mojarro

Name of Person Mailing Paper

Name of Person Mailing Paper
Adriana Mogam
Signature of Person Mailing Paper

Signature of Person Mailing Paper

- ☐ Applicant(s) petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
1 month	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$110.00
2 months	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$400.00
3 months	<input type="checkbox"/> \$460.00	<input type="checkbox"/> \$920.00
4 months	<input type="checkbox"/> \$720.00	<input type="checkbox"/> \$1,440.00
5 months	<input type="checkbox"/> \$980.00	<input type="checkbox"/> \$1,960.00

- ☐ An extension for _____ months has already been secured and the fee paid therefor of _____ is deducted from the total fee due for the total months of extension now requested.
- ☐ Extension fee due with this Request _____.
- ☐ If an additional extension of time is required, please consider this a petition therefor.

FEES FOR CLAIMS:

- ☒ Applicant claims small entity status pursuant to 37 CFR 1.27.

The fees for claims (37 CFR § 1.16(b)-(d)) have been calculated as shown below:

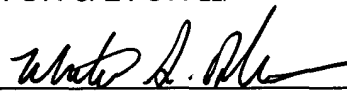
Total Claims	20	-	20	=	0	x	\$18.00	\$0.00
Independent Claims	2	-	3	=	0	x	\$84.00	\$0.00
Multiple Dependent Claims	\$280	(if applicable)					<input type="checkbox"/>	\$0.00
TOTAL OF ABOVE CALCULATIONS								\$0.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.							<input type="checkbox"/>	\$0.00
TOTAL FEES FOR CLAIMS SUBMITTED HERewith								\$0.00

- ☐ A check in the amount of _____ is enclosed to cover the above fee(s).
- ☐ Charge Lyon & Lyon's Deposit Account No. **12-2475** in the amount of _____.

- ☒ The Commissioner is authorized to charge Lyon & Lyon's Deposit Account No. **12-2475** for any fees required under 37 CFR §§ 1.16 and 1.17 that are not covered, in whole or in part, by a check enclosed herewith and to credit any overpayments to said Deposit Account **12-2475**.

Respectfully submitted,

LYON & LYON LLP

By: 
Michael S. Davidson
Reg. No. 43,577

Dated: December 27, 2001

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